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## BIB DATA SHEET

CONFIRMATION NO. 9186

|   |   |  |                                    |  |                          |                                |
|---|---|--|------------------------------------|--|--------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/552,884  | <b>FILING or 371(c) DATE</b><br>10/13/2005<br><b>RULE</b>   | <b>CLASS</b><br>004  | <b>GROUP ART UNIT</b><br>3753      | <b>ATTORNEY DOCKET NO.</b><br>ST9175PCT(US)                  |                          |                                |
| <b>APPLICANTS</b><br>Mauri Salmisuo, Tuusula, FINLAND;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FI04/00277 05/10/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>FINLAND 20030737 05/16/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/23/2006<br><i>Verified</i> <i>Office 8/28/07</i> |   |  |                                    |  |                          |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /CRAIG JAMES PRICE/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>CP<br>Initials | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWINGS</b><br>1                                  | <b>TOTAL CLAIMS</b><br>6 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>KUSNER & JAFFE<br>HIGHLAND PLACE SUITE 310<br>6151 WILSON MILLS ROAD<br>HIGHLAND HEIGHTS, OH 44143<br>UNITED STATES   |   |  |                                    |  |                          |                                |
| <b>TITLE</b><br>Sanitizable float valve   |   |  |                                    |  |                          |                                |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                    | <input type="checkbox"/> All Fees                            |                          |                                |
|   |   |  |                                    | <input type="checkbox"/> 1.16 Fees (Filing)                  |                          |                                |
|   |   |  |                                    | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                          |                                |
|   |   |  |                                    | <input type="checkbox"/> 1.18 Fees (Issue)                   |                          |                                |
|   |   |  |                                    | <input type="checkbox"/> Other _____                         |                          |                                |
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